

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008673

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED FEB 16 1962

Primary Registration District No.

1003

Registrar's No.

1717

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **527 W. Davis St.**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
527 W. Davis St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Henry**

Middle **J.**

Last **Schardan**

4. DATE OF DEATH

Month **February** Day **9** Year **1962**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-12-1902

9. AGE (last birthday)
59

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Bench Man

10b. KIND OF BUSINESS OR INDUSTRY
Public Service Co.

11. BIRTHPLACE (City and state or country)
Collinsville, Illinois

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

John Schardan

13b. MOTHER'S MAIDEN NAME

Anna Last Name Unknown

14. NAME OF HUSBAND OR WIFE

Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rose Schardan 527 W. Davis St.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart failure

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Occlusion

DUE TO (c)

CVA - Thrombosis - cerebral 6-24-53

Respiratory Distress

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

260x

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 24, 1953 to **Feb 8, 1962**

and last saw him alive on **Feb 8, 1962**

Death occurred at

10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wenman Miller

22b. ADDRESS

4960 Laeblade Ave.

22c. DATE SIGNED

2-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-13-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

1215 Lemay Ferry Rd. Lemay, Mo.

24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries

ADDRESS

7814 S. Broadway

25. DATE RECD. BY LOCAL REG.

FEB 10 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Be Reamman Medical
Bureau Hospital

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.